UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/666,445	09/21/2000	Jonathan B. Olson	15226.4	1490

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EXAMINER
FRENEL, VANEL

ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 03/26/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) FROM
THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed
  after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any
  earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on *21 September 2000*.

2a) ☐ This action is **FINAL.** 2b) ☒ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is
closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) *1-38* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) *1-38* is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a) ☐ All b) ☐ Some * c) ☐ None of:

      1. ☐ Certified copies of the priority documents have been received.

      2. ☐ Certified copies of the priority documents have been received in Application No. _____.

      3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage
application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date *4/1/17/015/10/10/0*.

4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ .

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1.   This communication is in response to the application filed 09/21/00. Claims 1-38

are pending.

Claim Rejections - 35 USC § 103

2.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

3.   Claims 1-38 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Lavin et al (5,772,585) in view of Pross et al (5,343,869).

(A)   As per claim 1, Lavin discloses in a decision-support system having a knowledge

module and a patient module, a method for delivering decision-supported patient data of

a patient to a mobile user module accessible by a clinician in a controlled and

repeatable manner, the method comprising the steps of: *(a)* analyzing data stored in a

patient module to identify patient data of each patient that a clinician is to examine in a

defined period (Col.9, lines 20-67 to Col.10, lines 1-67); *(b)* evaluating the patient data

with data stored in a knowledge module to generate decision-supported patient data for

each patient that is to be examined within the defined period (Col.11, lines 61-67 to

Col.12, line 67).

Lavin does not explicitly disclose *(c)* with the mobile user module, presenting the clinician with decision supported patient data for each patient that the clinician is to examine in a configuration that assists the clinician in treating each patient.

However, this feature is known in the art, as evidenced by Pross. In particular, Pross suggests with the mobile user module, presenting the clinician with decision supported patient data for each patient that the clinician is to examine in a configuration that assists the clinician in treating each patient (See Pross, Col.6, lines 20-68 to Col.7, line 35; Col.10, lines 45-68 to Col.11, line 68).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Pross within the system of Lavin with the motivation of providing a method and a system for retrieving and/or monitoring of vital signs which makes handling very easy for clinical personnel (See Pross, Col.3, lines 9-11).

(B)   As per claim 2, Lavin discloses a method further comprising the step of transmitting the decision-supported patient data to the user module (Col.5, lines 36-67).

(C)   As per claim 3, Lavin discloses a method further comprising the step of storing patient data relevant to each patient that the clinician is to examine within the user module (Col.5, lines 36-67).

(D)   As per claim 4, Lavin discloses a method wherein the step of presenting decision

supported patient data is performed in at least one of real-time and perceived real-time

(Col.4, lines 18-67 to Col.5, line 56).

(E)   As per claim 5, Lavin discloses a method wherein the knowledge module

comprises at least one database containing expert medical data (Col.3, lines-66-67 to

Col.4, line 67).

(F) As per claim 6, Lavin discloses a method wherein the analyzing step comprises: (a)

identifying each patient that the clinician is to examine (Col.5, lines 37-67 to Col.6, line

57); (b) searching for patient data stored in the patient module that is associated with

each patient (Col.10, lines 42-67 to Col.11, line 16); and (c) collecting the stored patient

data for each patient (Col.10, lines 42-67 to Col.11, line 16).

(G) As per claim 7, Lavin discloses a method, wherein the step of searching

comprising: (a) searching a decision-support module (Col.8, lines 59-67 to Col.9, line

60); and (b) searching a medical module (Col.8, lines 59-67 to Col.9, line 60).

(H) As per claim 8, Lavin discloses a method wherein the evaluating step comprises

evaluating the patient data against an insurance carrier (Col.7, lines 25-46), a plurality

of database modules, a medical module, a third-party module, or a user module (Col.4,

lines 1-67; Col.13, lines 8-67 to Col.14, line 65).

(I) As per claim 9, Lavin discloses a method further comprising the step of collecting patient data (Col.15, lines 1-25).

(J) As per claim 10, Lavin discloses a method wherein the collecting step comprises the step of gathering patient data via a user interface, wherein the user interface is a graphical user interface (Col.2, lines 39-51), an interactive user interface (60-67 to Col.5, line 27), Col.4, lines , a voice recognition user interface or a textual user interface (Col.2, lines Col.5, lines 7-27).

(K) As per claim 11, Lavin discloses a computer-readable medium having computer-executable instructions for performing the steps recited in claim 1 (Col.5, lines 7-67).

(L) Claim 12 differs from claim 1 by reciting a computer program product for implementing a method for transceiving data between a decision-support module and a user module, the computer program product comprising.

As per this limitation, it is noted that Lavin discloses at least one computer readable medium carrying computer-executable instructions for implementing the method, wherein the computer-executable instructions comprise: program code means for analyzing patient data to identify current patient data of each patient that a clinician is to examine in a defined time period (Col.9, lines 20-67 to Col.10, lines 1-67); program code means for evaluating the current patient data with the knowledge base to generate decision-supported patient data for each patient that is to be examined within the

defined time period, the decision supported patient data capable of being transmitted to

a user module accessible by the clinician (Col.11, lines 61-67 to Col.12, line 67) and

Pross discloses program code means for presenting the clinician with decision -

supported patient data specific to each patient that the clinician examines in a

configuration that assists the clinician in treating each patient (See Pross, Col.6, lines

20-68 to Col.7, line 35; Col.10, lines 45-68 to Col.11, line 68).

Thus, it is readily apparent that these prior art systems utilize a computer

program product for implementing a method for transceiving data between a decision-

support module and a user module to perform their specified function.

The remainder of claim 12 is rejected for the same reason given above for claim

1, and incorporated herein.

(M)   As per claim 13, Lavin discloses a computer program product wherein the program

code means for analyzing the patient data and the program code means for evaluating

the current patient data are contained on one of the at least one computer readable

medium (Col.5, lines 7-67).

(N) Claims 14-21 recite the underlying process steps of the elements of claims 2-11,

respectively. As the various elements of claims 2-11 and have been shown to be either

disclosed by or obvious in view of the collective teachings of Lavin and Pross, it is

apparent that the apparatus disclosed by the applied prior art performs the recited

underlying functions. As such, the limitations recited in claims 14-21 are rejected for the same reasons given above for method claims 14-21, and incorporated herein.

(O)   Claim 22 differs from claims 1 and 12 by reciting in a decision-support system having a knowledge base, a method for delivering decision-supported patient data of a patient to a user module accessible by a clinician in a controlled and repeatable manner, the method comprising the steps of:

As per this limitation, it is noted that Lavin discloses (a) analyzing patient data to identify current patient data of each patient that a clinician is to examine in a defined time period (Col.9, lines 20-67 to Col.10, lines 1-67); (b) evaluating the current patient data with the knowledge base to generate decision-supported patient data for each patient that is to be examined within the defined time period (Col.11, lines 61-67 to Col.12, line 67) and Pross discloses (c) delivering the decision-supported patient data to a mobile user module accessible by the clinician, the mobile user module allowing the clinician to view the decision-supported patient data specific to each patient that the clinician is to examine in a configuration that assists the clinician in treating each patient (See Pross, Col.6, lines 20-68 to Col.7, line 35; Col.10, lines 45-68 to Col.11, line 68).

Thus, it is readily apparent that these prior art systems utilize a decision-support system having a knowledge base, a method for delivering decision-supported patient data of a patient to a user module accessible by a clinician in a controlled and repeatable manner to perform their specified function.

The remainder of claim 22 is rejected for the same reason given above for claims 1 and 12, and incorporated herein.

(P)   Claim 23 differs from claims 1, 12 and 22 by reciting in a decision-support system having a knowledge base, a method for delivering decision-supported patient data of a patient to a user module accessible by a clinician in a controlled and repeatable manner, the method comprising the steps of:

As per this limitation, it is noted that Lavin discloses (a) identifying at least one patient that a clinician is to examine in a defined time period (Col.9, lines 20-67 to Col.10, lines 1-67) and; (b) delivering data representative of the at least one patient to a decision-support module such that the decision-support module gathers the current patient data relative to the at least one patient and evaluates the current patient data with the knowledge base to generate decision-supported patient data for each patient that is to be examined within the defined time period, the decision supported patient data capable of being transmitted to a user module accessible by the clinician (Col.11, lines 61-67 to Col.12, line 67) and Pross discloses presenting the clinician with decision-supported patient data, specific to each patient that 1h6 clinician is to examine, received from the decision support module in a configuration that assists the clinician in treating each patient (See Pross, Col.6, lines 20-68 to Col.7, line 35; Col.10, lines 45-68 to Col.11, line 68).

Thus, it is readily apparent that these prior art systems utilize a decision-support system having a knowledge base, a method for delivering decision-supported patient

data of a patient to a user module accessible by a clinician in a controlled and repeatable manner.

The remainder of claim 23 is rejected for the same reason given above for claims 1, 12 and 22, and incorporated herein.

(Q) Claim 24 differs from claims 1, 12, 22 and 23 by reciting a decision-support system, comprising:

As per this limitation, it is noted that Lavin disclose (a) a decision-support module configured to generate decision supported patient data specific to each patient that a clinician is to examine in a defined time period (Col.9, lines 20-67 to Col.10, lines 1-67) and Pross discloses (b) a user module remotely located from the decision-support module and being configured to communicate with the decision-support module, the mobile user module comprising a user interface configured to display the decision - supported patient data to the clinician in a configuration that assists the clinician in treating each patient (See Pross, Col.6, lines 20-68 to Col.7, line 35; Col.10, lines 45-68 to Col.11, line 68).

Thus, it is readily apparent that these prior art systems utilize a decision-support system to perform their specified function.

The remainder of claim 24 is rejected for the same reason given above for claims 1, 12, 22 and 23, and incorporated herein.

(R)   As per claim 25, Lavin discloses a system wherein the decision-support module comprises a knowledge module, the knowledge module comprising a plurality of databases (Col.3, lines-66-67 to Col.4, line 67).

(S)   As per claim 26, Pross discloses a system wherein the decision-support module comprises a patient module, the patient module comprising patient data (Col.6, lines 45-68).

(T)   As per claim 27, Pross discloses a system wherein the decision-support module communicates with a medical module to generate the decision-supported patient data (Col.6, lines 45-68).

(U)   As per claim 28, Lavin discloses a system wherein the medical module comprises a plurality of ancillary modules (The Examiner interprets insurance information screen associated with tables in the relational database called" Ins Lab" 340 and " Ins- Infor" 336 (shown in Figs. 21-24 as a form of ancillary modules Col.7, lines 29-32).

(V) As per claim 29, Lavin discloses a system wherein the medical module comprises a knowledge module and a patient module (Col.6, lines 18-57).

(W) As per claim 30, Lavin discloses a system wherein decision-support module receives patient data from the user module (Col.5, lines 36-67).

(X)   As per claim 31, Pross discloses a system wherein the user module communicates

with the decision-support module by way of a communication protocol selected from the

group consisting of (i) a connection orientated protocol and (ii) a connectionless network

protocol (Col.13, lines 13-27).

(Y)   Claim 32 differs from claims 1,12, 22, 23 and 24 by reciting a decision-support

system for providing a clinician with real-time patient data specific to each patient that

the clinician is to examine in a defined time period, comprising.

As per this limitation, it is noted that Lavin discloses (a) a decision-support module

configured to generate decision supported patient data specific to each patient that a

clinician is to examine in a defined time period, the decision- support module comprising

an inference engine that communicates with a knowledge module and a patient module

(Col.9, lines 20-67 to Col.10, lines 1-67) and Lavin discloses (b) a mobile user module

in real-time communication with the decision support module and adapted to present

the decision-supported patient data in real time to the clinician (See Pross, Col.6, lines

20-68 to Col.7, line 35; Col.10, lines 45-68 to Col.11, line 68).

Thus, it is readily apparent that these prior art systems utilize a decision-support

system for providing a clinician with real-time patient data specific to each patient that

the clinician is to examine in a defined time period to perform their specified function.

The remainder of claim 32 is rejected for the same reason given above for claims

1, 12, 22, 23 and 24, and incorporated herein.

(Z)   As per claim 33, Lavin discloses a system, wherein the knowledge module comprises a plurality of databases (Col.3, lines-66-67 to Col.4, line 67).

(AA)   As per claim 34, Lavin discloses a system wherein the decision-support module communicates with the user module via a network (Col.4, lines 43-67).

(BB)   As per claim 35, Pross discloses a system wherein the network is selected from a group consisting of (i) a local area network, (ii) a wide area network, (iii) a wireless network, (iv) a packetized network, and (v) a real-time network (Col.13, lines 13-27).

(CC)   As per claim 36, Lavin discloses a system wherein the decision-support module communicates with a medical module to generate the decision-supported patient data (Col.6, lines 45-68).

(DD)   As per claim 37, Lavin discloses a system wherein the medical module comprises a plurality of ancillary modules ((The Examiner interprets insurance information screen associated with tables in the relational database called" Ins Lab" 340 and " Ins-Infor" 336 (shown in Figs. 21-24 as a form of ancillary modules Col.7, lines 29-32).

(EE)   As per claim 38, Lavin discloses a system wherein decision-support module receives patient data from the user module (Col.5, lines 36-67).

Conclusion

4.   The prior art made of record and not relied upon is considered pertinent to

applicant's disclosure. The cited but not applied art teaches computer implemented

patient medication review system and process for the managed care, health care and/or

pharmacy industry (6,694,298), method for improving patient compliance with a medical

program (2004/0015132) and security badge for automated access control and secure

data gathering (5,960,085).

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Vanel Frenel whose telephone number is 703-305-4952.

The examiner can normally be reached on 6:00am-5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Joseph Thomas can be reached on 703-305-9588. The fax phone number

for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the

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you have questions on access to the Private PAIR system, contact the Electronic

Business Center (EBC) at 866-217-9197 (toll-free).

V.F
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March 19, 2004

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